

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> : ATTORNEY FOR <i>(Name)</i> : SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	TELEPHONE NO.:	FOR COURT USE ONLY
MARRIAGE OF PETITIONER:		
RESPONDENT:		
CLAIMANT:		
REQUEST FOR JOINDER OF EMPLOYEE BENEFIT PLAN AND ORDER		CASE NUMBER:

TO THE CLERK

1. Please join as a party claimant to this proceeding *(specify name of employee benefit plan)*:

2. The pleading on joinder is submitted with this application for filing.

Dated:

 (SIGNATURE OF ☐ ATTORNEY FOR)
☐ PETITIONER ☐ RESPONDENT

 (TYPE OR PRINT NAME)

ORDER OF JOINDER

3. IT IS ORDERED

- a. The claimant listed in item 1 is joined as a party claimant to this proceeding.
- b. The pleading on joinder be filed.
- c. Summons be issued.
- d. Claimant be served with a copy of the pleading on joinder, a copy of this request for joinder and order, the summons, and a blank Notice of Appearance and Response of Employee Benefit Plan.

Dated:

Clerk, By _____, Deputy

Claimant means a person joined or sought or seeking to be joined as a party to the proceeding. The pleading on joinder must be submitted for filing with this request for joinder and order. This form may only be used to request joinder of an employee pension benefit plan as defined in Family Code section 80.